

MAY 27 2005

sanofi pasteur

The vaccines business of sanofi-aventis Group

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From:
Robert Yoshida
Sanofi Pasteur Inc.

This facsimile is 8 pages, including this cover page

May 27, 2005

Re: Appl. No.: 09/210,995
 Applicant: Sheena M. Loosmore et al.
 Filed: December 15, 1998
 Title: Multi-Component Vaccine Comprising At Least Two Antigens From
 Haemophilus influenzae To Protect Against Disease
 TC/A.U.: 1645
 Examiner: Hines, Jana A.
 Docket No.: 1038-844 MIS

This facsimile consists of:

Transmittal Form (1 page)
Supplemental Response (2 pages)
Terminal Disclaimers (2 pages)
Credit Card Payment Form (1 page)
Certificate of Transmission under 37 CFR 1.8 (1 page)

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PTO/SB/21 (09-04)

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/210,995	
	Filing Date	December 15, 1998	
	First Named Inventor	Sheena M Loosmore	
	Art Unit	1645	
	Examiner Name	Hines, Jana A	
Total Number of Pages in This Submission	7	Attorney Docket Number	1038-844 MTS

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input checked="" type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Credit Card Payment Form and Certificate of Transmission
Remarks The total number of pages of this submission includes this Transmittal Form.		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	Sanofi Pasteur Inc.		
Signature	<i>Robert Yoshida</i>		
Printed name	Robert Yoshida		
Date	May 27, 2005	Reg. No.	54,941

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:			
Signature			
Typed or printed name		Date	

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Alexandria, VA 22313-1450
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SUPPLEMENTAL RESPONSE

Sir:

Attached herewith are: 1) Transmittal Form, 2) two terminal disclaimers, 3) Credit Card Payment Form for the statutory disclaimer fees relating to the terminal disclaimers, and 4) Certificate of Transmission under 37 CFR 1.8.

In response to the telephonic interview of May 11, 2005 with the Examiner regarding allowability of the pending claims if terminal disclaimers with respect to U.S. Patent Nos. 6,342,232 and 6,391,313 are filed, the applicants attach herewith terminal disclaimers with respect to these patents. The applicants also attach hereto a completed Credit Card Payment Form for the non-small entity statutory disclaimer fees ($2 \times \$130 = \260) relating to the terminal disclaimers. The applicants do not believe that any additional fees are due. However, please charge any additional fees required or credit any fees overpaid to Deposit Account No. 50-0244.

Appl. No. 09/210,995
Supplemental Response

The applicants respectfully request consideration and entry of this paper. The applicants also respectfully request reconsideration of this application, and issuance of a timely Notice of Allowance in this case. Should the Examiner have any questions concerning this application, she is invited to contact the undersigned at (570) 839-5537.

Respectfully submitted,

Date: May 27, 2005

By: Robert Yoshida

Robert Yoshida
Reg. No. 54,941

Sanofi Pasteur Inc.
Intellectual Property - Knerr Building
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Swiftwater, PA 18370
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Sheena M. Loosmore et al, U.S. Appl. No. 09/210.995, filed December 15, 1998, Attorney Docket No. 1038-844 MIS

PTO/SB/97 (09-04)

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The following papers listed below are submitted:

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